

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 19/089161 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	27	↔	↔	↔	↔	
TOTAL CLAIMS	29	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

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IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.		↓		↓	
TOTAL DEP.		↔	↔	↔	↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS